

EXHIBIT D
DISCOVERY DOCUMENTS

DECLARATION

“My name is Thomas J. Crane. I am over the age of eighteen, and am capable of providing this statement and declaration.

“I am providing this statement and declaration of my own personal knowledge, freely and willingly, pursuant to a lawsuit filed by Debra Santacruz, known as *Santacruz v. VIA Metropolitan Transit*, No. 21-CV-00719-FB.

“I am an attorney licensed in the state of Texas. I have been licensed in Texas since 1989. I am admitted to the Western District of Texas and the Fifth Circuit Court of Appeals.

“I represent Debra Santacruz in Cause No. 21-CV-00719-FB. I have represented Ms. Santacruz in this action since it was filed. My office received the attached deposition excerpts from the appropriate court reporter firms. My firm received copies of phone records from T-Mobile. My office has maintained these discovery documents, phone records, and deposition excerpts since receipt. Correct copies of these discovery documents and deposition excerpts are attached.

“I declare under penalty of perjury that the above information is true and correct. . I have been given an opportunity to review this statement and to make any necessary changes”

Signed on August 10, 2022.

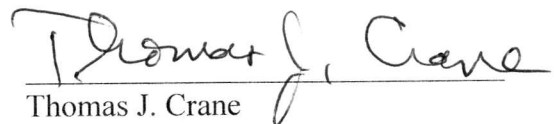
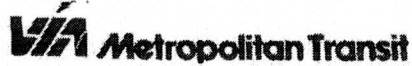

Thomas J. Crane

EXHIBIT D-1
VIA RECORDS



PRE-EMPLOYMENT APPLICATION

AN EQUAL OPPORTUNITY
EMPLOYER

VIA practices and complies with the laws pertaining to equal employment opportunity and does not discriminate in the hiring, promoting, terminating or awarding of benefits to any employee on the basis of race, color, religion, national origin, sex, age or disability.

MUST BE COMPLETED BY APPLICANT.

PLEASE PRINT IN INK. COMPLETE EACH ITEM. (USE NA IF NOT APPLICABLE)

Use section on back if more space is needed.

- PERSONAL -

Full Name: Santacruz Debra Dina Date: 7/12/01
(Last) (First) (Middle)

Other Names Used: Hernandez

Address: 762 Amanda S.A. Texas 78210
(Street) (City) (State) (Zip)

Previous Address: 1842 W. Mistletoe S.A. TX 78201
(Street) (City) (State) (Zip)

Soc. Sec. No.: [REDACTED] Telephone No.: (210) 735-8256 Alternate No.: (610) 333-8991

Position(s) applying for: Reservation Agent

Salary Expected: 8.00 hr How Did You Find Out About This Vacancy? Friends

Have You Ever Applied Before? yes If Yes, Position: Operator Date: May 01

Can you provide documentation required by law verifying your right to work in the U.S.? Yes ☒ No ☐

How Long Have You Lived In Bexar County? 33 yrs

In Case of Emergency, Notify: Sylvia Olney Telephone: (210) 842-9030

Relatives Employed by or Associated with VIA:

Name: N/A Relationship:

Address:
(Street) (City) (State) (Zip)

Name: N/A Relationship:

Address:
(Street) (City) (State) (Zip)

- EDUCATION -

HIGH SCHOOL:
Name: Providence Date Last Attended: 1983-84

City: S.A. Circle Highest Grade Completed: 8 or less 9 10 11 12

If GED, Date and Place Received: Edgewood 1987

COLLEGES	DATES ATTENDED	NO. SEM. HOURS COMPLETED	MAJOR	DEGREE EARNED
Name: <u>N/A</u>	From:			
City:	To:			
Name:	From:			
City:	To:			
Name:	From:			
City:	To:			<u>#19812</u>

Other Schools or Training: S.A. N.Y.O. Business

CONFIDENTIAL

VIA_SANTACRUZ 000407

WORK EXPERIENCE.
Give complete history since leaving school. Explain any gaps between employment. (Use additional sheets, if necessary.)
If you are currently employed, may we contact your present employer? Yes
START WITH MOST CURRENT EMPLOYER

EMPLOYER	EMPLOYMENT DATES (Mo./Yr.)	JOB TITLE & TYPE OF WORK DONE	Rt. ON FOR LEAVING
1. Name: <u>AVIS</u>	End: <u>still there</u>	<u>C.S.R.</u>	<u>Not yet</u>
Address: <u>4000 John Seaboard</u>	Start: <u>May 19 2001</u>	<u>Cashier's</u>	<u>(Outside work)</u>
City: <u>S.A.</u>		<u>Customer Service</u>	
Phone: <u>834-DH3</u>			
2. Name: <u>Immediate</u>	End: <u>Rocky</u>	Name of Mgr. or Dept. Head: <u>Ron Wright</u>	<u>Part time</u>
Address: <u>207 W. Jones</u>	Start: <u>Jan 24 2001</u>	<u>Adoption Counselor</u>	<u>New Director</u>
City: <u>S.A.</u>		<u>Kernel's Office</u>	<u>11</u>
Phone: <u>834-7461</u>		<u>and clean up</u>	<u>explain</u>
3. Name: <u>Immediate</u>	End: <u>Jan 99</u>	Name of Mgr. or Dept. Head: <u>?</u>	<u>Ending Salary \$ 1.75 hr</u>
Address: <u>1101 Blanco</u>	Start: <u>Dec 95</u>	<u>Cashier</u>	<u>working there</u>
City: <u>S.A.</u>			
Phone: <u>508-8491</u>			
4. Name: <u>Immediate</u>	End: <u>Jan 95</u>	Name of Mgr. or Dept. Head: <u>Scott Hernandez</u>	<u>Ending Salary \$ 2.25 hr</u>
Address: <u>2119 Federal</u>	Start: <u>Oct 95</u>	<u>Cashier</u>	<u>had had stroke</u>
City: <u>S.A.</u>			
Phone: <u>737-2040</u>			
5. Name: <u>Immediate</u>	End: <u>1994</u>	Name of Mgr. or Dept. Head: <u>Mike</u>	<u>Ending Salary \$</u>
Address: <u>4000 John Seaboard</u>	Start: <u>1987</u>	<u>Cashier</u>	<u>No checks</u>
City: <u>S.A.</u>		<u>Head of Shoe Dept.</u>	<u>for Advanta</u>
Phone: <u>434-0013</u>			
6. Name: <u>Immediate</u>	End: <u>?</u>	Name of Mgr. or Dept. Head: <u>Sheldon</u>	<u>Ending Salary \$ 3.20 hr</u>
Address: <u>4000 John Seaboard</u>	Start: <u>1987</u>	<u>Cashier</u>	<u>for Advanta</u>
City: <u>S.A.</u>		<u>Head of Shoe Dept.</u>	<u>for Advanta</u>
Phone: <u>434-0013</u>			

Please give details of any dismissals or gaps: Between 94-95 I took a class on Signs, computers and my brother in law

REFERENCES.
Give personal references other than your co-workers, work associates or neighbors. Please list DAYTIME PHONE NUMBERS. If possible, list clients, customers, etc.

NAME	OCCUPATION	ADDRESS	DAYTIME PHONE
1. <u>Delores Dylane</u>	<u>P. Agent</u>	<u>123 Dickson Port H</u>	<u>808-8219</u>
2. <u>Ellie Garcia</u>	<u>11</u>	<u>107 Broadway</u>	<u>937-9373</u>
3. <u>Carolaine Moore</u>	<u>Secretary</u>	<u>307 W Jones</u>	<u>808-7461</u>
4. <u>William Pinson</u>	<u>Housewife</u>	<u>2534 Kings Hunt</u>	<u>737-2546</u>

Were you ever in the military service? NO If yes, when branch? _____

Dates of service: From _____ To _____
Are you currently in the Reserve? _____ Reserve Unit of Assignment: _____

DRIVER'S LICENSE.
List all driver's licenses you have had in the last 5 years.

STATE	LICENSE NUMBER	TYPE	EXPIRATION DATE
<u>TX</u>	<u>[REDACTED]</u>	<u>C</u>	<u>3-31-04</u>

MISCELLANEOUS.

Have you ever been denied unemployment compensation payments? ☐ Yes ☒ No
Have you ever been convicted of a crime, including DWI convictions? ☐ Yes ☒ No
(Conviction of a crime is not an automatic bar to employment. All circumstances will be considered.)
Other than a divorce, have you ever been a party to a lawsuit? ☐ Yes ☒ No
Are you currently involved in any transactions, commitments or activities which could involve a conflict between your personal interests and those of VAW? ☐ Yes ☒ No
Please explain any questions marked yes. Give details including dates: _____

OPTIONAL. Summarize your qualifications for the position for which you have applied: I have had over 9 yrs Customer Service 1 1/2 yrs office work and I learn quick

OPTIONAL. List any extracurricular activities, awards, achievements, hobbies or interests: Art, music

PLEASE COMPLETE THIS SECTION IF APPLYING FOR ANY DRIVING OR MAINTENANCE POSITIONS.
 (This includes Bus/Van Operator, Shop Repairman, Shop Attendant)

What type of vehicles can you operate? _____

Which of these have you driven professionally? _____

Total years driving experience: _____ Can you drive standard transmission vehicles? Yes _____ No _____

What driver training courses have you completed? _____

Reason for taking course: _____ Date completed: _____

Has your driver's license ever been suspended, revoked or placed on a probationary status? _____

If yes, explain: _____

LIST ALL TICKETS (MOVING VIOLATIONS ONLY) AND ALL ACCIDENTS (EVEN IF NOT AT FAULT) YOU HAVE HAD IN THE LAST 3 YEARS.

1. Date of violation or accident: _____ City & State: _____

Describe: _____

2. Date of violation or accident: _____ City & State: _____

Describe: _____

3. Date of violation or accident: _____ City & State: _____

Describe: _____

ALL APPLICANTS: Space for comments, suggestions or detailed answers to other questions:

I CERTIFY THAT ALL INFORMATION I HAVE PROVIDED IN THIS APPLICATION IS TRUE AND CORRECT, AND UNDERSTAND THAT ANY FALSIFIED STATEMENTS, OMISSIONS OR CONCEALMENTS MAY SUBJECT ME TO DISQUALIFICATION OR DISMISSAL. I HEREBY AUTHORIZE VIA TO MAKE ANY INVESTIGATION IT CONSIDERS NECESSARY IN REGARD TO MY CONSIDERATION FOR EMPLOYMENT.

Signed: Debra Santacruz

FORM 71017 (REV. 4/97)

CONFIDENTIAL

VIA_SANTACRUZ 000409

Agent's Name: Debra Santacruz

Agent # 21

Type of Mistake or Error	Dates of Mistake or Error						Total
	Sept	Oct	Nov	Dec	Jan	Febr	
1 Duplicate Trips							
2 Canceling reservation for wrong Day							
3 Incorrect Time: AM Vs PM							
4 Wrong Days on Reservation		1					
5 Deviation from Procedure without Authorization							
6 Failure to Follow Set Policy:							
A. No Verification							
B. Not listening to Clients Request							
C. Unscheduled Trips							
D. Not taking information out of remarks when reversing trips.							
E. Not Allowing 45 minutes between drop-off and next trip.							
7							
A.							
8 Wrong Address (Cbconfirmed by Recording)							
9 Time Sheet submitted incorrectly							
10 Failed to sign in/out log roster.							
11 Attendance -- Late							
12							
13							

Date: 8/2/04

VIA SANTACRUZ 000457

EXHIBIT D-2
VIA RECORDS

Guardiola, Yvonne
From: Guardiola, Yvonne
Sent: Tuesday, August 26, 2003 8:37 AM
To: Santacruz, Debra
Cc: Guardiola, Yvonne
Subject: Compliment

Debra-

We received a call from [REDACTED] on August 25, 2003, complimenting you. [REDACTED] stated that you are a part of a very efficient, very accommodating team of reservationists. Thank you for providing our customers with excellent customer service. A copy of this compliment will be filed in your department and personnel files.

Thank you,

*Yvonne L. Guardiola
Support Specialist I
Policy & Service Scheduling
ph. (214) 362-5100
VI Metropolitan Transit*

CONFIDENTIAL

VIA_SANTACRUZ 000349

Guardiola, Yvonne
 From: SHIELDS@vaxd
 Sent: Monday, August 25, 2003 1:34 PM
 To: YVALDEZ@vaxd
 Subject: CAF - 207231

VIA METROPOLITAN SYSTEM

No 207231
 Report Received by PHONE Date 8/25/2003 Time 1209 Client ID 37152
 Name [REDACTED]
 [REDACTED] wk NA San Antonio TX 78218
 Call Back Time: Home Work COMPLIMENT/COMMENDATION

Incident Code VT2 VIATRANS COMPLAINT

Description COMPLIMENT FOR VIA TRANS STAFF

Date of Incident: Time:

Location:

Route: 000 Service: Direction: Out Vehicle No:
 Employee: 00000 Fault Code:

Customer Comments

#3 MIKE
 #44 ELVIS
 #10 RUBY
 #28 BIANCA
 #7 VERN
 #14 DELORES
 #4 MARGIE
 #27 LISA
 #6 ELIDA
 #32 TANYA
 #8 DIANE
 #11 DEBBIE
 #26 JOE
 #25 RUBEN

THE BEST RESERVATION STAF, VERY EFFICIENT, VERY ACCOMMODATING, GO ABOVE
 AND BEYOND THE CALL OF DUTY.

ALSO, A COMPLIMENT FOR MR NOLAN TREADWELL. HE SHOULD
 BE THE NEXT GENERAL MANAGER OF VIA TRANS. TRIES TO RESOLVE THE
 PROBLEMS AND FIND SOLUTIONS. HE'S A GOOD PROBLEM SOLVER.
 THERE HAVE BEEN MANY OTHER PEOPLE ON THE OUTSIDE WHO HAVE SEEN MR
 TREADWALL'S WORK WHO ALSO COMMEND HIM HIGHLY.

Taken By CANTU Contact Customer NO

CONFIDENTIAL

VIA_SANTACRUZ 000350

Valdez, Yvonne
From: Valdez, Yvonne
Sent: Friday, June 20, 2003 8:59 AM
To: Santacruz, Debra
Cc: Valdez, Yvonne
Subject: Compliment

Debra-

We received a call from [REDACTED] on June 12, 2003, complimenting you. [REDACTED] commends you on your good efforts and professionalism. Thank you for providing our customers with excellent customer service. A copy of the compliment will be filed in your department and personnel files.

Thank you,

Yvonne Valdez
Policy & Service Scheduling
Support Specialist I

cc: department file
personnel file

CONFIDENTIAL

VIA_SANTACRUZ 000351

Valdez, Yvonne

From: Valdez, Yvonne
Sent: Saturday, May 17, 2003 12:42 PM
To: Santacruz, Debra
Cc: Valdez, Yvonne
Subject: Compliment

Debra –

We received a call from [REDACTED] on May 6, 2003, complimenting you. Mr. [REDACTED] stated that you are professional and display the best of your abilities. Thank you for providing excellent customer service to our VIAtrans customers. A copy of the compliment will be filed in your department and personnel files.

Thank you,

Yvonne Valdez
Support Specialist I
Policy & Service Scheduling
Ph: 210-362-5100
Fx: 210-362-5180
Mail: Yvonne.Valdez@viainfo.net

CONFIDENTIAL

VIA_SANTACRUZ 000352



October 16, 2002

Debra Santacruz #6413
Paratransit Reservation Agent
VIA Metropolitan Transit

RE: CAF # 198212

Dear Debra:

Congratulations!

We received a call from [REDACTED] on October 14, 2002, complimenting you.
[REDACTED] wants to thank you for your efficiency and always helping out.

Your quality of work is recognized by the superior customer service that you provide our customers. I know you will continue to work hard and give your very best. Please accept my thanks and appreciation for a job well done!

Sincerely,

David M. Frost
Manager of Paratransit Policy and Service Scheduling

/yv

cc: HR-Personnel File



August 9, 2002

Debra Santacruz #6413
Paratransit Reservation Agent
VIA Metropolitan Transit

RE: CAF # 196047

Dear Debra:

Congratulations!

We received a call from [REDACTED] on August 2, 2002, complimenting you. [REDACTED] highly recommends you for being part of the "elite team".

Please accept my thanks and appreciation for providing quality customer service to our customers. Keep up the good work!

Sincerely,

A handwritten signature in cursive script, appearing to read 'Jesse E. Arenas'.

Jesse E. Arenas
Manager of Paratransit Service Support

:yv

cc: HR-Personnel File

800 West Myrtle, P.O. Box 12489, San Antonio, Texas 78212 (210) 362-2000
Administration FAX # 362-2570 Maintenance/Purchasing FAX # 362-2588

CONFIDENTIAL

VIA_SANTACRUZ 000361

EXHIBIT D-3
HEALTH TEXAS MEDICAL GROUP
RECORDS DATED:

- DEC. 11, 2018
- AUG. 21, 2018
- OCT. 24, 2018
- OCT. 23, 2018
- OCT. 16, 2018
- MAY 25, 2017

Patient: SANTACRUZ, Debra DOB: Mar 1968

MAY/24/2022/TUE 02:49 PM Legal Connection

FAX No.

P. 007

IN THE UNITED STATES DISTRICT COURT
FOR THE WESTERN DISTRICT OF TEXAS
SAN ANTONIO DIVISION

DEBRA SANTACRUZ

vs.

CIVIL ACTION NO. 5:21-CV-00719-FB

VIA METROPOLITAN TRANSIT

DIRECT QUESTIONS TO BE PROPOUNDED TO THE WITNESS

Custodian of Records for: HEALTH TEXAS MEDICAL GROUP

Records Pertaining To: DEBRA D. SANTACRUZ

Types of Records: Any and all MEDICAL RECORDS, FROM JANUARY 1, 2012 TO THE PRESENT, PERTAINING TO: DEBRA D. SANTACRUZ, (DOB: 03/31/1968; SSN: XXX-XX-8807) (including but not limited to records of LUIS TORRES, MD) including but not limited to, inpatient, outpatient and emergency room treatment, all clinical charts, reports, notes, tests, test results, diagnoses, prognoses, office records, therapy records, order sheets, progress notes, nurse's notes, clinic records, evaluations, treatment plans, admission records, discharge summaries, requests for and report of consultations, documents, prescriptions or medication records, photographs (color photographs should be reproduced in color), notes regarding prescriptions or medications, correspondence, test results, statements, questionnaires/histories, office and doctor's handwritten notes, records received by other physicians, or any other medical records in the custody or control of said custodian, whether in electronic or written form. (IF RECORDS ARE MAINTAINED DIGITALLY AND/OR ELECTRONICALLY, PLEASE PRODUCE IN ELECTRONIC FORMAT)

1. Please state your full name, title, address, and telephone number:

Answer: Roxann Salazar, Medical Records Coordinator, 2941 Mossrock, SA TX 78236
210-931-4815

2. Did you receive a subpoena for the production of MEDICAL RECORDS and other tangible documents pertaining to DEBRA D. SANTACRUZ; Date of Birth: 03/31/1968?

Answer: Yes.

3. Do you understand the subpoena requests all the records and documents pertaining to DEBRA D. SANTACRUZ, and is limited in scope or time or as to the type of record or document?

Answer: Yes.

4. Has DEBRA D. SANTACRUZ been treated or examined by or received services from HEALTH TEXAS MEDICAL GROUP?

Answer: Yes.

Order No. 49196.001

Int-Federal Direct Adm-Medical (limited scope)

Patient: SANTACRUZ, Debra DOB: Ma 1968

MAY/24/2022/TUE 02:49 PM Legal Connection

FAX No.

P. 008

3. Has HEALTH TEXAS MEDICAL GROUP made or caused to be made any memorandum, reports, records, notes, photographs, or data compilations, in any form or manner, of the examination and/or treatment of DEBRA D. SANTACRUZ?

Answer: YES.

6. Are these records (memoranda, notes, charts, reports, records, or data) under your care, supervision, direction, custody or subject to your control?

Answer: YES.

7. Were these records (memoranda, notes, charts, reports, records, or data) made by HEALTH TEXAS MEDICAL GROUP?

Answer: YES.

8. Please state whether it was in the regular course of business of HEALTH TEXAS MEDICAL GROUP for an employee, representative, or person with knowledge of the acts, events, conditions, opinions, or diagnoses recorded, to make this record or transmit information thereof to be included in such record.

Answer: It was the regular course of business of HTME, with person of knowledge.
to make record

9. Were the entries of these memoranda, notes, charts, reports, records, or data compilations made at or shortly after the time of the transaction recorded on these entries?

Answer: YES.

10. Were these records kept in the regular course of business?

Answer: YES.

11. Please hand exact duplicates of all MEDICAL RECORDS pertaining to DEBRA D. SANTACRUZ, Date of Birth: 03/31/1968, or the originals thereof for attachment to this deposition. Have you now provided the records and documents requested, including those that may be on microfilm or in any other storage medium? If not, identify for the Notary Public the records and documents you did not produce and explain why you did not produce those records.

Answer: YES.

12. Please hand exact duplicates of all other documents pertaining to DEBRA D. SANTACRUZ, Date of Birth: 03/31/1968, or the originals thereof for attachment to this deposition (this should include but is not limited to all correspondence to and from the patient, all correspondence to and from any attorney for the patient, patient history forms, record of telephone conversations and any handwritten notes which have not already been produced). Have you now provided the records and documents requested, including those that may be on microfilm or in any other storage medium? If not, identify for the Notary Public the records and documents you did not produce and explain why you did not produce those records.

Answer: YES.

Order No. 49195001

Int-Federal-Direct-Adm-Medical (limited scope)

Patient: SANTACRUZ, Debra DOB: Mz 1968

MAY/24/2022/TUE 02:49 PM Legal Connection

FAX No.

P. 009

13. Are the records attached clear, legible and the best possible copies available? If any of the copies of the attached records are of poor quality, please explain why.

Answer: Yes.

14. Please identify any narrative that was created at the request of the patient or patient's attorney.

Answer: Narrative was not created.

15. In the event no records can be found, or a portion of the records cannot be found, are there document archives (i.e., microfiche), document retention or destruction policies which explain their absence? If yes, please identify who has knowledge of those archives or policies for HEALTH TEXAS MEDICAL GROUP.

Answer: NA

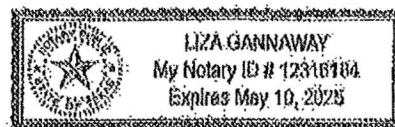
Roxann Salazar
WITNESS (Custodian of Records)

Before me, the undersigned authority, on this day personally appeared Roxann Salazar, known to me to be the person whose name is subscribed to the foregoing instrument in the capacity therein stated, who being first duly sworn, stated upon his/her oath that the answers to the foregoing questions are true and correct. I further certify that the records attached herein are exact duplicates of the original records.

SWORN TO AND SUBSCRIBED before me this 2nd day of June, 2022

Liza Gannaway
NOTARY PUBLIC

My Commission Expires: 05-10-2025



Order No. 49196.001

Int-Federal Direct-Adm-Medical (limited scope)

Patient: SANTACRUZ, Debra D DOB: Mar 31, 1968 (54 yo F) Acc No. 1127118|Doc Name: 181206, VIA FMLA

HealthTexas Medical Group FMLA/Medical Record Form Fees

The following fees are to be charged for medical record forms completed by the patient's primary care physician or representative.

The associate receiving the form or the request for a letter must inform the patient of the fee to be collected. The fee(s) is to be collected from the patient when the form(s) is received by the office, or when the patient receives the completed form or letter. No forms or letters will be released until the fee is collected, no exceptions.

Description	Fee	Charge	Initial
Medical Record Billing Affidavit	\$15.00		
Affidavit/Direct Questions	\$25.00		
Custodian of Billing Records Form	\$25.00		
Medical Records Billing Records (1-20 pages)	\$25.00		
Each additional page over 20 pages (# ___ x .50)			
Records released to _____			
Physician Summary Fee: first 30 minutes	\$150.00		
Each additional hour over 30 minutes (= hrs.)	\$200.00		
Attending Physician Statements for medical, disability, auto insurance, etc.			
Less than 5 questions	\$ 6.00		
6 - 10 questions	\$15.00		
11 or more questions - or complex form consisting of less than 11 questions	\$25.00		
FDA Forms: Initial (simple)	\$10.00		
Initial (complex)	\$25.00	25.00	
Subsequent	\$10.00		
July Only Exemption Letter, Disability Parking Placard Form, and Work or School License		No Charge	
Letter dictated or composed by PCP or representative			
Brief (2-3 brief paragraphs)	\$10.00		
Moderate (4-6 brief paragraphs)	\$15.00		
Comprehensive (dictated by PCP)	\$25.00 and up		
Notary for the first signature	\$6.00		
Additional Signatures	\$1.00 each		
Shipping/Mailing Cost			

TAX ID # 20-2148340

TOTAL CHARGE: 25.00

Office use only:
 Patient's Name: Debra Santacruz
 Date Paid: 12/11/18
 Amount Paid: 25.00
 Cash ☒ Paper ☒ Credit Card ☐
 Received by: [Signature]
 FAX ID 2021-48340

Loc. # Sum PCP N.L.T. Person/Co. Requesting U.S. Dept of Labor
 Medical Record Fee Form

FMLA for patient

What is the reason for the FMLA?

Back problems, appointments and decreased
Pain.

When did the condition start?

2 1/2 years.

Were you hospitalized?

Are you unable to perform your job duties?

What time of FMLA are you requesting? intermittent, continuous, reduced work schedule

If FMLA is for flare ups, when a flare up does occur how long does the episode last?

FMLA FOR FAMILY MEMBER

• Explanation for FMLA to care for family member.

What type of FMLA are you requesting?

Intermittent

Continuous

Reduced work schedule

Start date requested?

Length of need? (i.e. 1 year, indefinite)

SANTACRUZ, Debra D DOB: Mar 31, 1968 (54 yo F) Acc No. 1127118|Doc Name: 20181206, VIA FMLA

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Document: Santacruz_Debra_Rcds Legal...

Page 85 of 103

Printed: 06-03-2022 04:00:21

VIA-SANTACRUZ 000840

0000085

Patient: SANTACRUZ, Debra D DOB: Mar 31, 1968 (54 yo F) Acc No. 1127118|Doc Name: 180821,VIA



PO Box 12489
800 W. Myrtle
San Antonio, Texas 78212

FOR OFFICE USE ONLY	
Date and Time Received	
Received By	
Verified By	

ATTENDING PHYSICIAN'S STATEMENT

Required for absences of 3 or more days, and every 30 days thereafter for extended absences.

(DO NOT LEAVE ANY BLANKS; INDICATE N/A IF NOT APPLICABLE. PLEASE PRINT)

Patient's Name: Debra Santacruz

Patient's Address: 1762 Amanda St

Patient's Job Title: RESERVATION AGENT

Debra D. Santacruz
Employee Signature

8/21/18
Date

Note: All driving and most maintenance positions are considered safety sensitive. Therefore, safety should receive extra consideration in the return to work decision for these positions. Please call if further information is needed regarding an individual's job requirements.

First Day Patient Unable to Work: 09/21/18

Patient Confined to Home? Yes ☐ No ☒ If Yes, from _____ to _____

Patient Hospitalized? Yes ☐ No ☒ If Yes, from _____ to _____

Name of Hospital: _____

Out-Patient Surgery Performed? Yes ☐ No ☒ If Yes, location where procedure was performed: _____

Name of Surgical Unit: _____

Name of Hospital: _____

Name of Office: _____

Date may return to work: 09/05/2018 Remarks: _____

When the employee is released to return to work, do you anticipate that the treated illness or injury could:

- Interfere with his/her ability to perform safety sensitive functions, such as the operation of a vehicle or equipment? Yes ☐ No ☒
- Present a direct and serious threat to public health? Yes ☐ No ☒

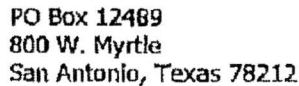
PLEASE PRINT

Physician's Name: Luis N Torres Phone No: 210.924.2337

Address: 1920 SW Military San Antonio, TX 78221

Certified By: [Signature] Date: 8/21/18
(Physician's Signature)

REVISED 10/2014



FOR OFFICE USE ONLY

Date and Time Received

Received By

Verified By

Required for absences of 3 or more days, and every 30 days thereafter for extended absences.

(DO NOT LEAVE ANY BLANKS; INDICATE N/A IF NOT APPLICABLE. PLEASE PRINT)

Patient's Name: Robbie Santacruz

Patient's Address: 1762 Armandale S.W. Tx 78210

Patient's Job Title: Reservation Agent

Dallin Smith 10/23/14
Employee Signature Date

Note: All driving and most maintenance positions are considered safety sensitive. Therefore, safety should receive extra consideration in the return to work decision for these positions. Please call if further information is needed regarding an individual's job requirements.

First Day Patient Unable to Work: 10/23/18

Patient Confined to Home? Yes _____ No X If Yes, from _____ to _____

Patient Hospitalized? Yes _____ No X If Yes, from _____ to _____

Name of Hospital: _____

Out-Patient Surgery Performed? Yes _____ No X If Yes, location where procedure was performed: _____

Name of Surgical Unit: _____

Name of Hospital: _____

Name of Office: _____

Date may return to work: 11/06/18 Remarks: _____

When the employee is released to return to work, do you anticipate that the treated illness or injury could:

- Interfere with his/her ability to perform safety sensitive functions, such as the operation of a vehicle or equipment? Yes _____ No X
- Present a direct and serious threat to public health? Yes _____ No X

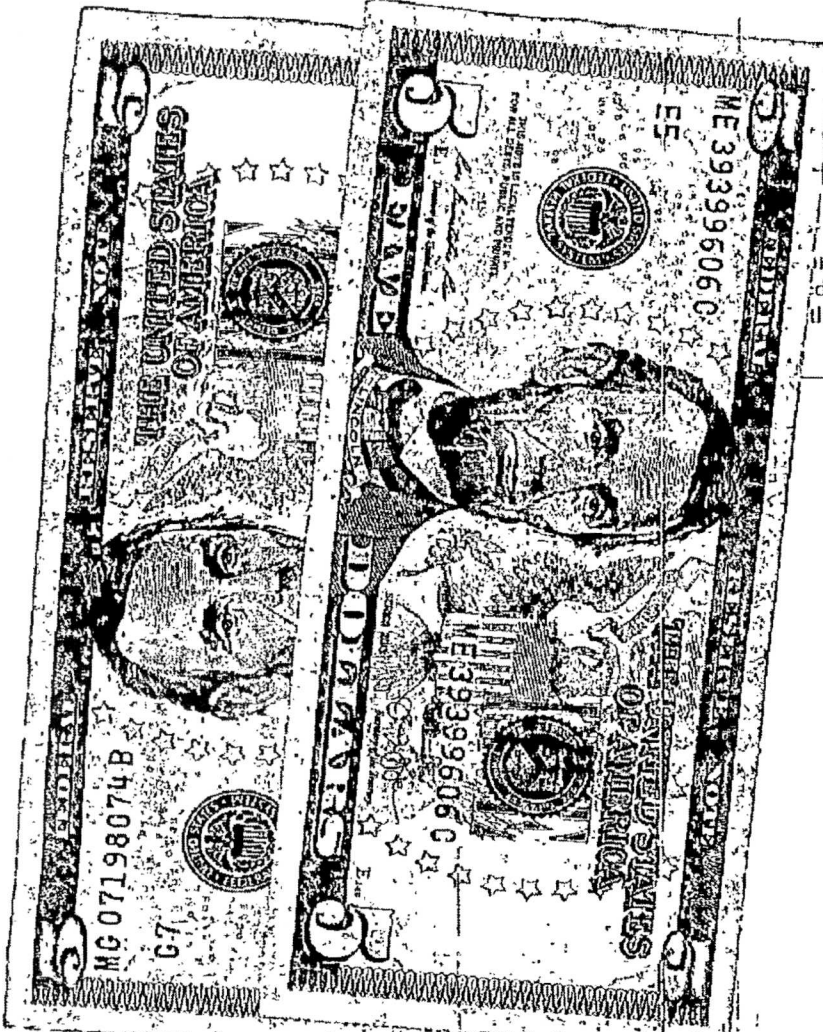
PLEASE PRINT

Physician's Name: Luis Torres Phone No: 240-924-1337

Address: 1920 SW Military San Antonio Tx 78221

Certified By: [Signature] Date: 10/24/18
(Physician's Signature)

REVISÉD 10/2014



Group Form Fees

lected by the patient's primary care physician or
 from the patient of the fee to be collected. The
 d by the office, or when the patient receives the
 the fee is collected, no exceptions.

Fee	Charge	Initial
\$15.00		
\$25.00		
\$25.00		
\$25.00		
\$150.00		
\$200.00		
\$6.00		
\$10.00	10.00	VS
\$25.00		
\$10.00		
\$25.00		
\$10.00		

Jury Duty Exemption Letter, Dismissal Parking Placard Form, and
 Work or School Excuse

Letter dictated or composed by PCP or representative
 Brief (2-3 brief paragraphs)
 Moderate (4-6 brief paragraphs)
 Comprehensive (dictated by PCP)

Notary for the first signature
 Additional Signatures

Shipping/Mailing Cost

No Charge

\$10.00		
\$15.00		
\$25.00 and up		
\$6.00		
\$1.00 each		

FAX ID # 20-2148340

Office use only:
 Patient's Name:

Debra Santacruz

TOTAL CHARGE: \$10.00

Account# 1127118

Date Paid

10-23-18

Amount Paid:

\$10.00

Cash ☒ Check ☐ Credit Card ☐
 Fax ID 202148340

Received by:

Vanessa

Loc. #

203

PCP

Dr. Luis Torres

Person/Co. Requesting

Via

Medical Record Fee Form



Date: 10/16/2018

WORK RELEASE FORM

This notice verifies that your employee Debra Santacruz Date of birth: 03/31/1968
was seen in this facility today (or on 10/16/18 if checked ☒).
He/she may return to work on 10/17/18 with the following restrictions:

None: ☒

No heavy lifting: ☐ (over _____ pounds)

No prolonged standing: ☐

Desk Work Only: ☐

Other: ☐ (described below)

These restrictions apply through N/A. After this date, your employee should
be able to participate fully in work duties.

Please contact our office at 210-924-2337, should you have any questions.

Sincerely,

HealthTexas Medical Group of San Antonio



PO Box 12489
800 W. Myrtle
San Antonio, Texas 78212

FOR OFFICE USE ONLY	
Date and Time Received	
Received By	
Verified By	

FAT 3625180

ATTENDING PHYSICIAN'S STATEMENT

Required for absences of 3 or more days, and every 30 days thereafter for extended absences.

(DO NOT LEAVE ANY BLANKS; INDICATE N/A IF NOT APPLICABLE. PLEASE PRINT)

Patient's Name: Debbie Santacruz

Patient's Address: 1762 Amanda St, San Antonio, TX, 78210

Patient's Job Title: Reservation Agent

Employee Signature: [Signature] Date: 5/25/17

Note: All driving and most maintenance positions are considered safety sensitive. Therefore, safety should receive extra consideration in the return to work decision for these positions. Please call if further information is needed regarding an individual's job requirements.

First Day Patient Unable to Work: 5/25/17

Patient Confined to Home? Yes ☐ No ☒ If Yes, from _____ to _____

Patient Hospitalized? Yes ☐ No ☒ If Yes, from _____ to _____

Name of Hospital: _____

Out-Patient Surgery Performed? Yes ☐ No ☒ If Yes, location where procedure was performed: _____

Name of Surgical Unit: _____

Name of Hospital: _____

Name of Office: _____

Date may return to work: 6/8/17 Remarks: _____

When the employee is released to return to work, do you anticipate that the treated illness or injury could:

- Interfere with his/her ability to perform safety sensitive functions, such as the operation of a vehicle or equipment? Yes ☐ No ☒
- Present a direct and serious threat to public health? Yes ☐ No ☒

PLEASE PRINT

Physician's Name: Luis Torres, M.D. Phone No: 2109242332

Address: 1920 S. Alamo, San Antonio TX 78221

Certified By: [Signature] Date: 5/25/17
(Physician's Signature)

REVISED 10/2014

EXHIBIT D-4
JAN. 18, 2019 WRITTEN REMINDER



To: Debra Santacruz
Paratransit Reservation Agent

From: Blanca Dominguez
Paratransit Operations

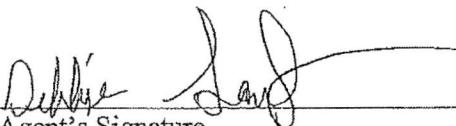
Subject: Attendance,
Written Reminder I

Date: January 18, 2019


This is a Written Reminder I to inform you that you currently have 8 attendance points. On January 8th, 2019, I sent you an email entitled, Attendance-Oral Reminder, because you had 6 points. Since that email, you called in on January 11th which added two additional points.

You have earned positive points in September, October, December, January, February, June and November which means without having perfect attendance in those months, you would have 16 points. As you know, attendance points come off one year after they are acquired. It is critical that you do what you can to avoid any future points.

Please let me know if you have any questions.


Agent's Signature

1/18/19
Date


Supervisor's Signature

1/18/19
Date

CONFIDENTIAL

VIA_SANTACRUZ 000495

EXHIBIT D-5
JAN. 31, 2019 SANTACRUZ EMAIL

Santacruz, Debra

From: Dominguez, Blanca
Sent: Thursday, January 31, 2019 9:35 AM
To: Santacruz, Debra
Subject: RE: points

I have your letter. Come get it.

From: Santacruz, Debra
Sent: Thursday, January 31, 2019 9:35 AM
To: Dominguez, Blanca <Blanca.Dominguez@viainfo.net>
Subject: points

Can you please let me know how many points I have? My fmla is good thru 2019 . Catalina spoke to Sergio because the women that took his place will be out a few weeks.

Debra excuse Ser ~~1/29~~ and 1/30/19

Why would I be worried about
my points if I supposed
quit ???

EXHIBIT D-6
SOP 4.05 – PROCEDURE FOR
ATTENDANCE



3. Eight (8) Points - Written Reminder
4. Ten (10) Points - Written Reminder/1 day Suspension
5. Twelve (12) Points - Final Written Reminder/2 day Suspension
6. Fourteen (14) Points - Termination

OTHER

1. Points will not be accumulated for miscellaneous approved benefit days i.e., Vacation; Death in Family, FMLA, etc.
2. All Points will be accumulated on a 12 month rolling cycle method
3. A Physician Statement is required after the second day of an absence.
4. Non-emergency medical treatment, require two weeks advance notice to the Supervisor or Administrator, i.e. doctor's appointments, on-going medical treatment, physical therapy, etc.
5. Vacation requests are approved by seniority, employees' vacation balance and departmental work load. If the employee does not have sufficient vacation to cover the requested time off, the request.... will be denied or cancelled.
6. Any request after the 12 month sign up must be submitted to the department Supervisor/Administrator for approval or denial. Request MUST be submitted to the Supervisor by email (2) two weeks prior to the date being requested.
7. Documentation may be requested by Supervisory staff to validate an excused attendance occurrence.
8. It is the responsibility of each employee to read, understand and ask questions to understand this policy. Not knowing or understanding the policy will not excuse an attendance occurrence or alter the disciplinary action(s) taken as outlined in this policy.

SOP 4.06 – Open Work Shifts and Extra Hours



Agent must be logged into the computer and the phone system at or prior to start of the shift. Logging in after the start time of shift is considered a tardy, unless excused by Lead Agent due to computer or phone malfunction.

All Agents will be required to login to the phone system using the Blue Man program.

SOP 4.05 – Procedure for Attendance

PURPOSE

To establish guidelines for what is considered excessive tardiness and absenteeism as explained in the employee manual, encourage employees to work their scheduled shifts and to administer "VIA's Positive Discipline Policy" fairly and equally, based on attendance.

PROCEDURE

Each employee will begin with a point total of zero (0). The total will not change until an absent, tardy or unscheduled leave early occurs. Points will be accumulated on a rolling 12 months.

Points accumulated while on probation for newly hired staff will continue to accumulate after the completion of probation.

POINT ACCUMULATION

Attendance occurrence definition and the points associated with the occurrence are as follows:

1. One (1) Point per Unscheduled Late, Tardy or Unscheduled Leave Early
2. Two (2) Points per Unscheduled Absence Occurrence
3. Three (3) Points per absent day without notification

POSITIVE DISCIPLINARY ACTION

1. Four (4) Points - Informal Resolution
2. Six (6) Points - Oral Reminder

EXHIBIT D-7
MARCH 9, 2019 WRITTEN REMINDER



To: Debra Santacruz,
Paratransit Reservation Agent

From: Blanca Dominguez
Paratransit Operations

Subject: Attendance,
Written Reminder II

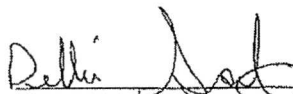
Date: March 9, 2019

This is a Written Reminder II to inform you that you currently have 10 attendance points. Since you have 10 points this is a Written Reminder II which means you will be suspended without pay for 1 day. That day will be Wednesday, March 13, 2019. Below I've listed the days and points, including the points removed because of positive points. Please let me know if you have any questions.

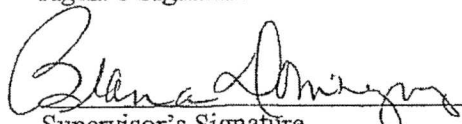
Debra=10

- (2) 7/11 Called in (removed due to positive points from Sept/Oct)
- (2) 8/13 Called in (removed due to positive points from Dec/Jan)
- (1) 8/22 Logged in at 837.13 (removed due to positive point from February)
- (1) 8/27 Logged in at 806.23 (removed due to positive point from June)
- (2) 11/26 Called in (1 point removed due to positive point from November/1 point removed due to 1 year rule)
- (1) 3/17 Logged in at 1031.22
- (1) 5/20 Logged in at 836.16
- (1) 12/29 Logged in at 1058.53
- (1) 1/02 Logged in at 924.30
- (2) 1/11 Called in
- (2) 01/25 Called in
- (2) 03/8 Called in

Sept, Oct, Dec, Jan, Feb, June & November got positive points.


Agent's Signature

3/9/19
Date


Supervisor's Signature

3/9/19
Date

CONFIDENTIAL

EXHIBIT D-8
SANTACRUZ MAY 29, 2019 GRIEVANCE

Everything is correct in this some parts my phone auto corrected me so on those parts that was my phone I could not get to a laptop that is why I emailed you I do apologize for the wording of this and punctuation but this is the only way I could get it done thank you

On Thu, May 30, 2019, 14:41 Flores, Martha P. <martha.flores@viainfo.net> wrote:

Debbie,

I am in receipt of your grievance. I will contact you on Monday, June 3, 2019 to schedule a meeting to obtain more information regarding this situation.

Thank you,

Martha P Flores

Employee Relations/EEO and Diversity Officer

800 West Myrtle I San Antonio, TX 78212

P 210.362.2075 F 210.362.2730

martha.flores@viainfo.net

From: Debbie Santacruz <wickedwomen666@gmail.com>

Sent: Wednesday, May 29, 2019 9:23 AM

To: Flores, Martha P. <martha.flores@viainfo.net>

Subject: Re: Grievance against Blanca Dominguez

I'm sorry I said June 14th when I could go to Nationwide it was actually May 14th thank you

On Wed, May 29, 2019, 09:02 Debbie Santacruz <wickedwomen666@gmail.com> wrote:

On April 13th 2019 Saturday I called in I had 11 points at this time I had been having a lot of problems with my back and had to do my FMLA papers twice because Miss Guzman said we were no longer doing things the way we had been for all these years was Sergio so that means not all of them are going to be approved that there is a limit. April 16th I had a doctor's appointment for the pain he gave me just the ibuprofen 600 and that day was excused on the

17th 18th and 19th I was trying not to call in but because of my back pain I would call in every morning between 5 and 5:30 because Gloria left by 6:30 we did go together in the transit because of this right after I hung up the phone with Blanca because she never answered so I would leave it on her voicemail but just to be sure I would let Gloria know that I was not going to go in with her. Well I go back to work with Gloria on Saturday the 20th I didn't think there were problems because I figured Gloria would have told me something if I couldn't go back to work so anyway when I see my email Miss Guzman said that my FMLA did not cover those days therefore I had exceeded my number of points but I could talk to Blanca about it my days off are Sunday and Monday so Monday evening I called Blanca at 7 p.m. and I told her that I did not think those FMLA days were covered as to the email Blanca was very frustrated with me and she told me that I've been trying to get fired anyway and that Daniel was out of town but he would be back tomorrow and at that point they would terminate me and get the paperwork ready she did not tell me it would take 4 weeks but anyway I looked at my phone at 7:09 and I asked her so then I'm terminated is that what you're saying and she said yes the reason I looked at my phone is because after 18 years it's kind of a shocker and then you start to think what am I going to do at this point? A lot of things have gone on there that were very wrong but for whatever reason no one ever does anything about it there's a lot of favoritism a lot of misuse of hours lot of wasted money over the years Blanca has done a lot of things I did not like the only reason I am filing a grievance right now is because not only did she take her time knowing I would get months behind on getting my 401k she even took two days off right after but then when I am going to get unemployment she sends a letter that I resigned on April 29th which makes no sense because if I was going to resign I would have read resigned since the 20th because Sylvia told me if I did go and resign I could get my money in a few days but I did not do it because that is not what happened so when I got my letter stating that they had assumed I resigned Monday April 29th then I could go in on June 14th and file for my 401 insurance first of all how can they lie that way or 14 points system would have had me fired by Wednesday or Thursday so when Blanca told me that I was fired on the 22nd I really believed her she had fired Norma Garcia before about a year-and-a-half Sylvia was not present it was just her and Gloria who called her in the office and fired her in front of all of us so I don't understand why they're lying about that now. Due to the fact that I'm being lied about saying I resigned now I have no unemployment because of their lies I've also had a lot of mental stress because of this I'm taking more pills I'm on high blood pressure pills they even want to give me depression pills because of this so I definitely think that I should file this grievance I hope it goes better than the grievance I filed May 28th of 2018 against Aaliyah Choppa for making remarks like I should marry a rich man and very personal insulting remarks not too much was done either, but at least Elia Chapa that she was wrong and what she was saying was inappropriate so I might as well dropped it and being that Blanca Dominguez was the supervisor I figured she would do something about it I don't know if she ever did or not there was also one time when four of the girls went to go speak to eeo I believe or HR I'm really not too sure they did ask if I wanted to go but I didn't want to start trouble cuz I knew nothing would get done anyway the ones I remember going were Taylor Fernandez Lina maybe Jeanette I do know after this Jeanette Orozco who was an extremely good Agent she could do her calls in like a minute or less she was very professional one of our best agents in my opinion but she had to quit because of Blanca Dominguez please get back with me and let me know if this grievance can be filed, so I can get everything else in order. Thank you very much for your time

Debbie Santa Cruz employee number was 6413

EXHIBIT D-9
SANTACRUZ APRIL 20, 2019 EMAIL

Guzman, Belinda

From: Guzman, Belinda
Sent: Friday, January 24, 2020 8:47 AM
To: DeGonzalez, Claudia
Subject: FW: absentes

From: Guzman, Belinda
Sent: Monday, April 22, 2019 1:23 PM
To: Santacruz, Debra <Debra.Santacruz@viainfo.net>
Subject: RE: absentes

I will review your FMLA certification and get back to you and Blanca.

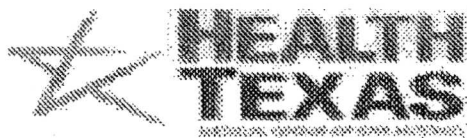
-Belinda

From: Santacruz, Debra
Sent: Saturday, April 20, 2019 11:51 AM
To: Guzman, Belinda <Belinda.Guzman@viainfo.net>
Subject: absentes

Good morning, I called in four days. I was in a lot of pain. I went to doctor. But was in between cali ins. So blanca needs to know if they will b excused, she need to add my points. So I will no if I still have a job

EXHIBIT D-10
HTMG RECORDS DATED JAN. 29, 2019
AND APRIL 16, 2019

Patient: SANTACRUZ, Debra DOB: Mar 31, 1968
 SANTACRUZ, Debra D DOB: Mar 31, 1968 (54 yo F) Acc No. 1127118



Santacruz, Debra D

51 Y old Female, DOB: 03/31/1968

Account Number: 1127118

1762 AMANDA ST, SAN ANTONIO, TX 78216-3602

Home: 890-377-8132

Guardian: Santacruz, Debra D Insurance: AETNA Payer

ID: 60052

Referring: Luis N MD Torres

Appointment Facility: YFMD SW MILITARY

04/10/2022

Progress Note: Luis N. Torres, M.D.

Current Medications

Taking

- Lisinopril 20 mg tablet 1 tab(s) orally once a day
- Zolpidem 10 mg tablet 1.5 tab(s) orally once a day (at bedtime)
- ibuprofen 600 mg tablet 1 tab(s) orally BID
- Not Taking/PRN
- etodolac 400 mg tablet 1 tab(s) orally 2 times a day
- ClearLast (polyethylene glycol 3350) powder for reconstitution 17 g orally once a day prn, stop date 06/13/2019
- Linzess (linaclotide) 135 mcg capsule 1 cap(s) orally once a day
- phentermine 37.5 mg tablet 1 cap(s) orally once a day (in the morning)
- Theraflu Flu & Sore Throat (Phenylephrine) (acetaminophen/phenylephrine/phenylephrine) 660 mg 20 mg 10 mg powder for reconstitution 1 PKT(S) orally every 4 hours
- meloxicam 15 mg tablet 1 tab(s) orally once a day
- Medication List reviewed and reconciled with the patient

Past Medical History

Insomnia
 HTN

Surgical History

No Surgical History documented.

Family History

Father: alive 80 yrs
 Mother: deceased 75 yrs, heart attack, high cholesterol, hip problems, arthritis, diagnosed with Diabetes, stroke
 Grandparents: deceased, Fam Hx Unknown
 Children: alive 30 yrs, Fibromyalgia
 Siblings: alive
 2 sister(s) - healthy, 1 daughter(s) - healthy

Allergies

NKDA

Hospitalization History

Chronic Pain, Depression

MT Baptist ER, DX: Flu 4/5/2018

Review of Systems

CONSTITUTIONAL

no Fever, no Chills

CARDIOLOGY

no Shortness of Breath, no Palpitations

no Dizziness

GASTROENTEROLOGY

no Abdominal Pain, no Change in Bowel

Habits

RESPIRATORY

no cough

Reason for Appointment

1. 51 y/o female c/o back pain, problems at work-cubical for 8 hours, rr breaks only allowed 4 minutes and singled out when takes longer, under lots of stress, lost vehicle, motion sickness on bus. 30-45 min of nausea once gets to work due to bus ride. pain needs to be verified and approved so pt does not get fired

History of Present Illness

Interim History:

51 year old female presents with c/o Tests/Studies: Labs reviewed. Denies : Emergency Department visits. Denies : Hospitalizations. pt here on meds as listed main complaint is chronic back pain that is worse after sitting at her job and then needs to get up but can only do that every few hours. Says days she is off, pain is much better/minimal. Does not have more days off for this problem.

Vital Signs

MA Initials av, Temp 98.7, BP 121/78, HR 71, Wt 192.8, Ht 64, Weight Change 2 lb, BMI 33.09, O2 Sat 98, Pain Scale 4.

Examination

General Examination:

General Appearance: NAD, flat affect, tearful.
 HEENT: Head - NC/AT, Oropharynx clear with MMM.
 Neck, Thyroid : supple, full cervical ROM.
 Lungs: clear to auscultation bilaterally.
 Heart: RRR, normal S1S2.
 Extremities: no edema.
 Musculoskeletal lumbar area with ttp and pain with flexion, neg bilat SLR, gait normal tandem.

Assessments

1. Low back pain - M54.5 (Primary)
2. Essential (primary) hypertension - I10
3. Other chronic pain - G89.29
4. Screening for breast cancer - Z12.39
5. Colon cancer screening - Z12.11
6. Depression, major, single episode, moderate * - F32.1
7. Insomnia due to other mental disorder - F51.05

Treatments

1. Low back pain

Continue ibuprofen tablet, 600 mg, 1 tab(s), orally, BID, 30 days, 60 Tablet, Refills 1

Referral To: DAVID HIRSCH (SS) Pain Management

Reason: re evaluate chronic back pain | PLEASE SEND US YOUR CONSULT NOTE

2. Essential (primary) hypertension

Continue lisinopril tablet, 20 mg, 1 tab(s), orally, once a day

Notes: bp controlled with current therapy, cont med and low salt diet.

SANTACRUZ, Debra D DOB: Mar 31, 1968 (54 yo F) Acc No. 1127118

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Document: Santacruz_Debra_Rcds Legal...

Printed: 06-03-2022 04:00:21

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VIA-SANTACRUZ 000766

000011

Patient: SANTACRUZ, Debra DOB: Mar 31, 1968

SANTACRUZ, Debra D DOB: Mar 31, 1968 (54 yo F) Acc No. 1127118

UROLOGY
No Dysuria**3. Screening for breast cancer**

Notes: advised to go for mammogram, risk of breast cancer discussed which can cause death or disability.

4. Colon cancer screening

Notes: has not done CRS, again risks of colon cancer discussed which can cause death or disability, says can't do FIT cards, referral done to GI.

Referral To: ANTONIO SERNA Gastroenterology

Reason: request screening colonoscopy | PLEASE SEND US YOUR CONSULT NOTE

5. Depression, major, single episode, moderate *

Notes: cont to have significant emotional problems and refuses to try medication and did not want to cont with therapist, denies SI/HI to call or go to ER for severe sx's or SI/HI.

6. Insomnia due to other mental disorder

Continue zolpidem tablet, 10 mg, 1.5 tab(s), orally, once a day (at bedtime), 30 days, 45, Refills 0

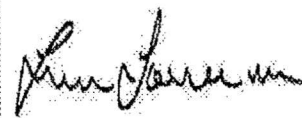
Notes: taking med as listed, again advised r/b and side effects of med.

Preventive Medicine

Counseling: Weight Screening: Patient counseled on a healthy BMI: Yes. Alcohol and drugs . Diet . Exercise .

Follow Up

2 Months with apc valdez, work excuse today



Electronically signed by Luis Torres, MD on 04/16/2019 at 09:13 PM CDT

Sign off status: Completed

HTMG SW MILITARY
1920 S.W. Military Dr
San Antonio, TX 78221-1451
Tel: 210-924-2237
Fax: 210-924-2268

Patient: Santacruz, Debra D DOB: 03/31/1968 Progress Note: Luis N. Torres, M.D. 04/16/2019

Note generated by eMedical Software Solutions (www.emedicalsoftware.com)

SANTACRUZ, Debra D DOB: Mar 31, 1968 (54 yo F) Acc No. 1127118

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Document: Santacruz_Debra_Rcds Legal...

Printed: 06-03-2022 04:00:21

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VIA-SANTACRUZ 000767

000012

Patient: SANTACRUZ, Debra DOB: Mar 31, 1968
 SANTACRUZ, Debra D DOB: Mar 31, 1968 (54 yo F) Acc No. 1127118



Santacruz, Debra D

50 Y. old Female, DOB: 03/31/1968

Account Number: 1127118

1762 AMANDA ST, SAN ANTONIO, TX 78210-3602

Home: 830-357-8122

Guardian: Santacruz, Debra D Insurance: AETNA Paper ID: 60054

PCP: Luis N MD Torres Referring: Luis N MD Torres

Appointment Facility: HTMG SW MILITARY

01/09/2019

Progress Note: Cristhina Cortez, MD

Current Medications

Taking

- Ibuprofen 600 mg tablet 1 tab(s) orally BID
- Lisinopril 20 mg tablet 1 tab(s) orally once a day
- Zolpidem 10 mg tablet 1 tab(s) orally once a day (at bedtime)

Not Taking/PRN

- Linzess (linciclotide) 145 mg capsule 1 cap(s) orally once a day
- phenentermine 37.5 mg tablet 1 cap(s) orally once a day (in the morning)
- TheralluFlo & Sore Throat (acetaminophen/pheniramine/phenylephrine) 650 mg, 20 mg, 10 mg powder for reconstitution 1 PKT(S) orally every 4 hours
- meloxicam 15 mg tablet 1 tab(s) orally once a day
- Medication List reviewed and reconciled with the patient

Past Medical History

Insomnia
 HTN

Surgical History

No Surgical History documented.

Family History

Father: alive 80 yrs
 Mother: deceased 75 yrs, heart attack, high cholesterol, hip problems, arthritis, diagnosed with Diabetes, Stroke
 Grandparents: deceased, diagnosed with Pan. Hx Unknown
 Children: alive 50 yrs, Fibromyalgia
 Siblings: alive
 2 sister(s) - healthy, 1 daughter(s) - healthy

Social History

Tobacco Use

Patient is a **Never Smoker**

Alcohol

Did you have a drink containing alcohol in the past year? No

Points: 0

Interpretation: **Negative**

Functional Assessment

Function Status Assessment Date: 01/04/2019

Ability to Drive: **Independently**

Mobility: **Independently Mobile**

Ability to Maneuver Stairs: **Independently**

Medications: **Independently able to dispense medications**

Self Care (Bathing & Grooming): **Independently**

Have you fallen 2 or more times in the past year?

No

Can you prepare your own food? Yes

Do you manage your own finances? Yes

Do you feel like you are safe in your current home?

Yes

Are you able to shop for your own groceries? Yes

Are you able to do basic housekeeping chores? Yes

Do you strain or struggle to hear/understand conversations? No

Reason for Appointment

1. 50 y/o female pt here for back and leg pain x3 months
2. *pt c/o with some time off

History of Present Illness

Depression:

PHQ9

Thoughts that you would be better off dead, or of hurting yourself in some way **Not at all**

Total Score **16**

Interpretation: **Moderately severe depression**

Lower back:

c/o low back pain: CHRONIC LOW BACK PAIN - HAS SEEN DR HIRSCH -- PRESCRIBED TIZANIDINE BUT DID NOT TOLERATE MEDICATION

-- PATIENT HAS BEEN ON MELOXICAM BUT DID NOT TOLERATE. PRIOR DR SPEEDLIN AND WAS ON IBUPROFEN 800MG PRIOR SHE HAD BEEN ON 600MG BUT STILL DID NOT HAVE RELIEF WITH THE PAIN. -- PATIENT STATES BACK PAIN WORSE WITH PROLONGED SITTING

-- STATES UNABLE TO CONTINUE WITH DR HIRSCH, UNABLE TO AFFORD CO-PAY AND UNABLE TO AFFORD DEDUCTIBLE FOR INJECTIONS

-- CURRENTLY TAKING IBU FOR PAIN

-- PATIENT STATES SHE WORKS FOR VIA AND HAS TROUBLE WITH WORK AND SHE USED TO WORK PART TIME. PATIENT STATES THAT SHE IS TIMED TO GO VOID, PATIENT STATES THAT SHE GETS UP AND WALKS AT WORK DUE TO HER DISCOMFORT. SHE STATES SHE IS NOT ABLE TO GET UP AND WALK AROUND. SHE HAS A SIT DOWN JOB WITH A PHONE. SHE STATES THAT SHE DOESN'T THINK THAT SHE CAN DO A STANDUP DESK. SHE DOES HAVE FMLA PAPERWORK. SHE STATES THAT SHE GETS SICK ON THE BUS RIDE TO WORK AND HER SYMPTOMS DO PASS. SHE HAS LEFT WORK DUE TO THIS. PATIENT STATES THAT SHE HAS BEEN SEEING A COUNSELOR. SHE STATES THAT SHE FEELS LIKE SHE HAS STRESS BUT DOES NOT WANT PILLS. PATIENT STATES THAT SHE NEEDS A BREAK FROM WORK WITHOUT GETTING FIRED. SHE STATES THAT SHE HAS BEEN DOING HER EXERCISES.

Denies: tingling/ numbness;

bowel and bladder incontinence.

ROM: limited secondary to pain.

Anxiety:

c/o STRESSORS at work.

COUNSELING currently seeing a counselor, SHE HAS BEEN SEEING A COUNSELOR.

MOOD anxious.

Vital Signs

MA Initials kg, Temp 98.2, BP 92/57, 96/57, HR 60, Wt 190.6, Weight Change -8 lb, Ht 64, BMI 32.71, O2 Sat 100, Pain Scale 6.

Examination

SANTACRUZ, Debra D DOB: Mar 31, 1968 (54 yo F) Acc No. 1127118

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Document: Santacruz_Debra_Rcds Legal...

Printed: 06-03-2022 04:00:21

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VIA-SANTACRUZ 000771

000016

Patient: SANTACRUZ, Debra DOB: Mar 31, 1968
 SANTACRUZ, Debra D DOB: Mar 31, 1968 54 yo F) Acc No. 1127118

Full Risk Assessment 05/24/2017
 Patient Care Team: No Other Providers on record.
 Caffeine: coffee, tea.
 Lives with: alone.
 Marital Status: Single.
 Children: 1.
 no Exercise.
 Occupation: VIA.
 no Home smoke detector use.
 Pets: dog.
 Travel outside US: yes, once a year.
 Allergies:
 N.K.D.A.

Immunization Status: Up to date.
 Vaccinations:
 MT Daptel ER, DX: Flu 1/9/2018

Review of Systems:
CONSTITUTIONAL:
 no Fever, c/o Chills.

ENT:
 no ear problem, no Rhinorrhea, no Sore Throat,
 no Cough.

CARDIOLOGY:
 no Shortness of Breath, no Palpitations.

no Dizziness.
RESPIRATORY:
 no cough.

General:

General Appearance: well-appearing, no acute distress.
 Ill-appearance: non-toxic.
 Hygiene: appropriate.
 Mood/Affect: anxious, sad.
 Speech: clear.

HEART:

Rate: regular.
 Clicks: none.
 Rhythm: regular.
 Heart sounds: normal S1S2, no S3 or S4.
 Murmurs: none.

LUNGS:

Effort: unremarkable, no respiratory distress, comfortable breathing.
 Rate: regular.
 Auscultation: CTA bilaterally.
 Airflow: normal air movement.
 Oxygen use: none.

ABDOMEN:

General: soft.
 Bowel sounds: normoactive.
 Tenderness: none.
 Rebound tenderness: none.
 Guarding: none.
 Distention: none.

BACK:

Tenderness: lumbosacral tenderness.

PSYCHOLOGY:

General Appearance: NAD, sad, anxious.
 Mood : depressed.

Assessment:

1. Essential (primary) hypertension - I10 (Primary)
2. Depression, major, single episode, moderate * - F32.1
3. Anxiety - F41.9
4. Acute bilateral low back pain without sciatica - M54.5

Treatment:

1. Essential (primary) hypertension

Notes: Stable. Discussed blood pressure readings with patient.
 Emphasized the importance of medication compliance, a healthy diet low in salt, and regular exercise. To follow up as scheduled for re-eval, or as needed if any change in home readings or new symptoms.

2. Depression, major, single episode, moderate *

Notes: refer to ikares.

3. Anxiety

Notes: refer to ikares.

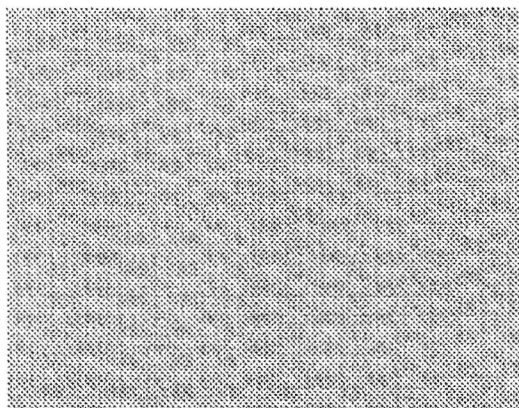
4. Acute bilateral low back pain without sciatica

Notes: patient states she take ibuprofen and denies injections.

Follow Up:

1-2 weeks for checkup . excuse for today and tomorrow IKARES

Patient: SANTACRUZ, Debra D DOB: Mar 31, 1968 (54 yo F) Acc No. 1127118



Electronically signed by Cristina Cortez, MD on 01/31/2019 at 06:08 PM CST

Sign off status: Completed

WTCM SW MILITARY
1920 S.W. Military Dr
San Antonio, TX 78221-1451
Tel: 210-924-2257
Fax: 210-924-2208

Patient: Santacruz, Debra D DOB: 03/31/1968 Progress Note: Cristina Cortez, MD 01/29/2019

to be generated by the electronic medical record system from a user interface only

EXHIBIT D-11
SANTACRUZ JUNE 21, 2018 EMAIL

Santacruz, Debra

From: Santacruz, Debra
Sent: Thursday, June 21, 2018 8:26 AM
To: Dominguez, Blanca
Subject: doctors

Good morning, yesterday was very hard, I took 6 pills to be able to work. The pills made me sick last night, I don't know if I can make it through the day, I have another appt. in the morning, but I have to call if it can be changed today.

Debra santacruz
VIA Metropolitan Transit
P.O. Box 12489
1021 San Pedro
San Antonio, Texas 78212
Phone: (210) 362-5130
Fax: (210) 362-5180
www.viainfo.net



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EXHIBIT D-12
CASTILLO APRIL 24, 2019 EMAIL

VIA Metropolitan Transit
P.O. Box 12489
1021 San Pedro
San Antonio, Texas 78212
Phone: (210) 362-2714
Fax: (210) 362-5180
www.viainfo.net



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From: Castillo, Sylvia
Sent: Wednesday, April 24, 2019 5:07 PM
To: Brown, Tremell <Tremell.Brown@viainfo.net>
Cc: Flores, Martha P. <martha.flores@viainfo.net>; Chaipan, Daniel <Daniel.Chaipan@viainfo.net>
Subject: Debra Santacruz

Tremell:

Just want to give you some information regarding a situation with full-time reservation agent, Debra Santacruz.

On 4/23/2019 Stephanie Thompson called me to ask why Ms. Santacruz couldn't be a work-at-home agent. Stephanie stated that Ms. Santacruz claimed that Blanca Dominguez wouldn't allow her to work from home. I explained that there is a policy in place that if an agent meets certain performance standards, that the agent would be allowed to work from home. However, looking at her timesheet history, Ms. Santacruz has numerous absences that would disqualify her from working at home.

After our manager's meeting on 4/23/2019 Yvonne Guardiola informed me that the Benefits Coordinator in Human Resources had called her asking for a termination form so Ms. Santacruz could withdraw her funds from her Nationwide account. It seemed that she needed the cash immediately and Tuesday was the last day she could request the funds and receive the funds next week. Yvonne stated that there was no paperwork to terminate her employment and that she would need to speak to me.

Later that afternoon Ms. Santacruz called to speak to me. I explained that I had not received a request to terminate her employment and that there is a process that has to be followed before an employee is terminated. She alleges that Blanca Dominguez had told her that she was terminated due to her absences from work. I informed Ms. Santacruz that I was the only one in our department that could terminate an employee. Then she said she needed to access her Nationwide funds quickly and if we could complete the termination so she could do this. I replied in the negative and suggested that if she needed her funds quickly, that she should come in to resign. She said she would do so the following day.

Today (4/24/2019) she changed her mind and called Daniel Chaipan to find out where she stood in the termination process. He stated that she is not terminated and no one had told her she was terminated. Daniel stated that she still

needed to complete the counseling process before any further steps are taken towards termination. He then informed her that she can either quit, come back to work to complete the process, or not come back to work. She replied that she is opting not to return to work.

It appears that Ms. Santacruz would rather be dismissed from work instead of quitting.

I will be meeting with staff next week to make a determination as to next steps that will be taken regarding Ms. Santacruz' work status.

Let me know if you have any questions.

Sylvia F. Castillo, CCTM
Manager of Paratransit Operations
VIA Metropolitan Transit
P.O. Box 12489
1021 San Pedro
San Antonio, Texas 78212
Phone: (210) 362-2714
Fax: (210) 362-5180
www.viainfo.net



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EXHIBIT D-13
BLANCA DOMINGUEZ MARCH 7, 2019
EMAIL

EXHIBIT	5
WIT:	D. Santacruz
DATE:	6-15-22
DEBORAH DAVIDSON, CSR	

Santacruz, Debra

From: Dominguez, Blanca
Sent: Thursday, March 7, 2019 1:53 PM
To: @DIS:VTRRESCLK
Cc: @DIS:VTRLEADS; Chaipan, Daniel
Subject: FMLA-requesting off/calling in

I'm writing this email to everyone even though this may only apply to a handful of you. Being that it has to do with FMLA, I thought I'd send this out to everyone just in case it may one day apply to you.

Before if you were covered under FMLA, you could request off or call in sick and it was automatically considered excused and granted. That is not the case anymore. If an employee is requesting time off and states that the absence is related to FMLA, Belinda Guzman (x-2216) in employee services will be the person that will review the reason for the absence and will determine whether it is covered under FMLA. If the employee calls in due to a situation related to their FMLA, then they will have to provide a claim form within 2 days of that absence for approval. Then Belinda will contact me and let me know whether it is covered under FMLA.

Because of this change we've adjusted the process for requesting time off. If you are requesting off and it is related to FMLA, you will fill out the request for time off as usual but you will send this to me. You will also need to contact Belinda Guzman for pre-approval. Once she reviews it, she will let you and me know if it is approved under FMLA. This is only if the request is related to FMLA.

If you are requesting half a day for an FMLA reason and the other half you are just requesting off, you would need to fill out 2 request forms. The request related to FMLA will be sent to me and the other you would send that to the leads as usual. Be sure to put FMLA on the form you send to me to avoid any confusion.

The requirements for turning in requests for time off are the same. We will still require 48 hours notification from the start of your shift and you will need to find someone to work for you if the request is submitted after the hours for that week are completed. If you need clarification, please look at page 9 of the attendance policy.

If you have any questions, please let me know.

Thank you,
 Blanca

EXHIBT D-14
SANTACRUZ APRIL 17-18, 2019
ATTENDANCE REPORTS, MEDICAL
RECORDS

Paratransit Operations Attendance Report

Employee Name: Debra SantacruzEmployee ID: 60413Date of Event(s): 4.17.19Scheduled Work Shift: 755-1655Person Filling Out Form: AforeShift Worked: DHours & Minutes Absent: 8 hrs

Reason: (Please Check Off)

Late: Time of Arrival: Absent ✓Date Called In: 4.17.19Time Called In: Off Early Departure Time:

No pay must be approved in advance by the Vice President provided no benefits are available

Use Compensation Time: (Circle) Yes No Not Applicable

Use Vacation Time: (Circle) Yes No Not Applicable

Use No-Wait Sick: (Circle) Yes No Not Applicable

Current Balance: Time Used: New Balance: Employee Signature: Debra SantacruzDate: 4/20/19Lead or Supervisor: Gloria HernandezDate: 4.17.19Circle One → **EXCUSED****UNEXCUSED**Comments/Reason: This is proof, yet it didn't matter!

Revised Date: 7/31/09

DS000043

How could I
call in if VIA
stated No one
had heard from
me?? (since 20)
I was actually
working on 20

APPOINTMENT CARD

Patient Name: Santacruz, Debra D

Appointment: Tuesday, February 12, 2019 at 1:00 PM

Cortez, Cristina MD
HTMG SW MILITARY
1920 S.W. Military Dr
San Antonio, TX-782211451
Tel:210-924-2337 Fax:210-923-2208

Reason: follow up on back pain

Appointment: Thursday, April 11, 2019 at 8:00 AM

LAB SWMILITARY
HTMG SW MILITARY
1920 S.W. Military Dr
San Antonio, TX-782211451
Tel:210-924-2337 Fax:210-923-2208

Reason: LAB: PreClinic

Appointment: Thursday, April 18, 2019 at 2:40 PM

Valdez, Julie PAC
HTMG SW MILITARY
1920 S.W. Military Dr
San Antonio, TX-782211451
Tel:210-924-2337 Fax:210-923-2208

Reason: follow up on lab results

Doctor

*Spoke to Catalina (secretary)
Belinda will be out
few weeks 1/20/19
362 - 2000
Benefits*

DS000044

Paradigm Operations
Attendance Report

Employee Name: Debra SantacruzEmployee ID: 10413Date of Event(s): 4-18-19Scheduled Work Shift: 755-1655Person Filling
Out Form: GloriaShift Worked: 0Hours & Minutes Absent: 8 hrs

Reason: (Please Check Off)

Late: Time of Arrival: Absent ✓Date Called In: 4-18-19Time Called In: Off Early Departure Time: **No pay must be approved in advance by the Vice President provided no benefits are available**

Use Compensation Time: (Circle) Yes No Not Applicable

Use Vacation Time: (Circle) Yes No Not Applicable

Use No-Wait Sick: (Circle) Yes No Not Applicable

Current Balance: Time Used: New Balance: Employee Signature: Gloria SantacruzDate: Lead or Supervisor: Gloria SantacruzDate: 4-18-19

Circle One →

EXCUSED

UNEXCUSED

Comments/Reason: Didnt sign, had already given excuse

Revised Date: 7/31/09

DS000045

REFERRAL

Luis N. Torres, M.D.

Family Practice

HTMG SW MILITARY

1920 S.W. Military Dr , San Antonio, TX-782211451

Tel: 210-924-2337 Fax: 210-923-2208

Debra D Santacruz

03/31/1968

Reason For

Referral:

Authorization No:	042207351	Authorization Type: APPROVED
Reason:	re evaluate chronic back pain, PLEASE SEND US YOUR CONSULT NOTE	
Diagnosis:	M54.5 - Low back pain	
E/M Codes:		
Procedures:		
Visits Allowed:	12	
Unit Type:	V (VISIT)	
Start Date:	04/18/2019	
End Date:	04/18/2020	

Notes:

Clinical Notes:

Structured Data:



Provider NPI: 1245206911

Electronically signed by Torres, Luis N MD, MD on 04/18/2019 at 02:14 PM CDT

DS000046